

File No.—For State Registrar Only
71147

County of Aiken.....

Township of Langley...

Inc. Town of

INC. TOWN OF
or

City of
(If birth occurs in a hospital o

Registration District No. 117 Registered No. 48
(For use of Local Registrar)

(2) Full Name of Child. Tyler Cobb Davis

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy*

(4) Twin
or Triplet?

(5)	Number in order of birth
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(6) Are Parents Married? *yes*

(7) DATE OF BIRTH— Aug 9, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Davis

(9) PRESENT POSTOFFICE OF BATHER *Lumber Ste*

(10) COLOR OR HAIR *Black* (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE *Algeria*

(13) OCCUPATION *27*

(20) Number of children born to mother, including present birth { 5.....

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria James

(15) PRESENT POSTOFFICE OF MOTHER *Langley St*

(16) COLOR OR RACE *Caucasian* (17) AGE AT LAST BIRTHDAY *33* (Years)

(18) BIRTHPLACE

(19) OCCUPATION *Housewife*

(21) Number of children of this mother
now living, including present birth { 13-.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 7 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.
Wm. H. Her Johnson M.D.

(23) (Signature) M. J. [illegible] (25) Address of Physician or Midwife

(24) State whether Physician or Midwife Langley St

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

191.
F. H. Dowdy
Registrar

(27) Filed Aug. 17, 1916.. (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.